

1200 West Third Street
Little Rock, AR 72201-1904
501-371-2600
800-282-9134

TO THE INSURANCE COMMISSIONER OF ARKANSAS:

1. Name of applicant:

2. Address at which applicant transacts principal business:

a. Address of principal place of business within Arkansas:

b. Address at which all books, records, accounts, and documents relating to business in this state will be kept.

4. If applicant is a corporation:

a. State of incorporation _____

b. Date of incorporation _____

5. If applicant is a partnership:

a. Is this a () general or () limited partnership?

b. Give names and addresses of all partners, specifically identify limited partners, if any.

6. If applicant is an entity of which ownership is manifested by shares, identify each type of share and state:

a. Number of shares authorized _____

b. Number of shares outstanding _____

c. Par value _____

d. Give name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type.

Name	Address	Title	No. of Shares	Percent
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7. In addition to operating as a health benefit provider, list any other types of business conducted by the applicant: _____

8. Name and address of agent for service or process if applicant is domiciled in Arkansas: _____

9. Is applicant presently the subject of any administrative or judicial action by any regular or disciplinary authority in any state? _____
Is applicant currently engage in any private litigation? _____
If the answer to either question is yes, please give details: _____

10. Applicant presently conducts business in the following states: _____

11. Has applicant ever been denied admission to conduct business in any state? _____ If yes, what state(s)? _____

AFFIDAVIT

County _____
State _____

I, _____ the undersigned, being the

(Title, if a Corporation)

of the _____
(Name of Applicant)

swear, (or affirm), that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements and documents (if any), are true and complete.

By: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Commission Expiration Date

AFFIDAVIT

County _____
State _____

I, _____ the undersigned, being the

(Title, if a Corporation)

of the _____
(Name of Applicant)

swear, (or affirm), that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements and documents (if any), are true and complete.

By: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Commission Expiration Date